

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Dianne Goldenberg

Mailing Address 610 N Lakeside Dr

City State Zip Code
 Lake Worth FL 33460

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Med Ctr

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.31009

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tony Gomez

Mailing Address 7029 Loch Isle Dr

City State Zip Code
 South Miami Lakes FL 33014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aventura Hospital

Occupation

Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.30923

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Sonia Gonzalez

Mailing Address 13624 Cooper Rd

City State Zip Code
 Spring Hill FL 34609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oak Hill Hospital

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.30841

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1850.00